



California Regional Water Quality Control Board

San Diego Region

Winston H. Hickox
Secretary for
Environmental
Protection

Internet Address: <http://www.swrcb.ca.gov/rwqcb9>
9174 Sky Park Court, Suite 100, San Diego, California 92123-4340
Phone (858) 467-2952 • FAX (858) 571-6972



Gray Davis
Governor

Document 1

February 11, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
Receipt Number 7099 3220 0005 6494 9094

Mr. Ernest Moretti
P.O. Box 2078
Borrego Springs, California 92004

In Response Refer To:
UST:50-3537:bsp 5

Dear Mr. Moretti:

COMPLAINT NO. RB9-2002-0053 FOR ADMINISTRATION CIVIL LIABILITY,
NONCOMPLIANCE WITH CALIFORNIA WATER CODE SECTION 13267

Enclosed find Complaint No. RB9-2002-0053 for Administrative Civil Liability. A public hearing on this matter before the California Regional Water Quality Control Board, San Diego Region (Regional Board) has been scheduled for the Regional Board meeting on April 10, 2002 in the Board Room at 9174 Sky Park Court, Suite 100, San Diego, California. The meeting will begin at 9:00 a.m. At the hearing, you will have the opportunity to be heard and to contest the allegation in the complaint and the imposition of civil liability by the Regional Board. Additional notice of this public hearing and the hearing procedures will be provided to you prior to the hearing date along with the agenda for the Regional Board meeting on that date.

At the hearing, the Regional Board will determine the validity of the allegation contained in the complaint and, if the allegation is found to be true, will consider whether to assess civil liability in the amount proposed by the complaint, or in some other amount.

Be aware that you may waive your right to a public hearing before the Regional Board. Waiver of the hearing constitutes admission of the validity of the allegation of violation in Complaint No. RB9-2002-0053 and acceptance of assessment of civil liability in the amount proposed in paragraph 4 of Complaint No. RB9-2002-0053. If you wish to waive the hearing, you, or an authorized agent, must sign, fill out, and return the waiver form attached to this letter, together with a cashier's check for the amount of civil liability proposed in paragraph 4 of Complaint No. RB9-2002-0053. The cashier's check must be made payable to the State Water Resources Control Board and mailed to the California Regional Water Quality Control Board, San Diego Region, 9174 Sky Park Court, Suite 100, San Diego, California 92123.

If a hearing is held, comments from you and interested parties may be considered by the Regional Board in determining the amount of civil liability to assess. Following the hearing, the Regional Board may impose an amount of civil liability other than that proposed in the complaint or revoke the

California Environmental Protection Agency

Mr. Ernest Moretti
Complaint No. RB9-2002-0053

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complaint and refer the matter to the Attorney General for judicial assessment of civil liability (with higher maximum liabilities for each violation).

If you have any questions concerning this matter please contact Mr. Barry Pulver of my staff at (858) 467-2733.

Sincerely,



John H. Robertus
Executive Officer

Enclosures: 1. Waiver Form
2. Complaint No. RB9-2002-0053

cc: Mr. Anderson M. Donan
Donan Environmental Services, Inc.
P.O. Box 1839
Vista, California 92085-1839

Ms. Diana Conkle
Underground Storage Tank Cleanup Fund
State Water Resources Control Board
P.O. Box 944212
Sacramento, California 94244-2120

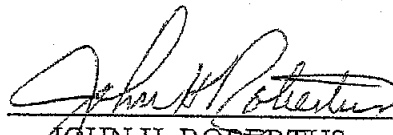
- Fifty-five dollars (\$55) per day for each day of the violation after February 24, 2000, until an adequate report is received by the Regional Board. If an adequate

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report is not received by April 10, 2002, (the date of the hearing on this complaint) the total liability on April 10, 2002, for the violation alleged herein will be \$42,625.

Dated this 11th day of February, 2002.

By:


JOHN H. ROBERTUS
Executive Officer

California Regional Water Quality Control Board
San Diego Region

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3220 0005 6494 9094

7099 3220 0005 6494 9094

Name (Please Print Clearly) (To be completed by mailer)
Ernest Moretti
Street, Apt. No.; or PO Box No.
PO Box 2078
City, State, ZIP+4
Borerso Springs, CA 92004

Postage	\$ 1.57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17

Postmark
Here

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)**

Article Sent To

Is your **RETURN ADDRESS** completed on the reverse side?

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

8. Received By: (Print Name)
Ernest Moretti

3. Article Addressed to:
**Mr. Ernest Moretti
PO Box 2078
Borerso Springs, CA 92004**

SENDER:
■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

4a. Article Number
7099 3220 6494 9094

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-12-02

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.